

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J73665

(8)

1. Corporation Name

KINETRONICS CORPORATION

Principal Place of Business

1778 MAIN STREET
SARASOTA FL 34236
US

Mailing Address

1778 MAIN ST
SARASOTA FL 34236
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

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25

29

30

9. Name and Address of Current Registered Agent

STELCHER, WILLIAM N.
556 N. WASHINGTON DR
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0107 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

DATE

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
STELCHER, WILLIAM N.
556 N. WASHINGTON DR
SARASOTA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY-STATE-ZIP

☐ Change ☐ Addition

18 TITLE
19 NAME
20 STREET ADDRESS
21 CITY-STATE-ZIP

☐ Change ☐ Addition

22 TITLE
23 NAME
24 STREET ADDRESS
25 CITY-STATE-ZIP

☐ Change ☐ Addition

26 TITLE
27 NAME
28 STREET ADDRESS
29 CITY-STATE-ZIP

☐ Change ☐ Addition

30 TITLE
31 NAME
32 STREET ADDRESS
33 CITY-STATE-ZIP

☐ Change ☐ Addition

34 TITLE
35 NAME
36 STREET ADDRESS
37 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

944-951-2432

CR2E034 (12/95)